

# Consumer Advisory Board Objectives and Goals for Consumer Engagement and Communication

## I. Overview

The Consumer Advisory Board (CAB) was created to make sure that the voice of the consumer is heard in all Connecticut (CT) State Innovation Model (SIM) Test Grant activities. The overarching vision of the CAB is to ensure that all of the planned innovations identified in the SIM will lead to positive health outcomes for consumers across the state of Connecticut. To achieve this vision, the CAB seeks to strengthen the positive impact of SIM innovations on consumers, particularly those who are at-risk and underserved; along with, strengthening the communication between the SIM and consumers of health services. To do this, the CAB needs a strong engagement and communication plan so that the members can speak with consumers about the SIM and how it will affect them.

The CT SIM is carrying out several major initiatives, including:

- 1) Transforming [primary care](#),
- 2) Increasing the capacity of the [healthcare workforce](#),
- 3) Identifying [health information technology](#) solutions,
- 4) Creating a [population health plan](#),
- 5) Reforming [Medicaid quality improvement](#) through [quality measure alignment](#),
- 6) Implementing [Value-Based Insurance Design \(VBID\)](#), and
- 7) Evaluating the CT SIM outcomes.

Through these initiatives, it is anticipated that Connecticut residents will experience the following outcomes:

- 1) Improving health,
- 2) Reducing [health disparities](#),
- 3) Improving [quality of care](#) and the [care experience](#),
- 4) Engaging and empowering consumers in their care, and
- 5) Lowering health care costs.

As the CT SIM seeks to achieve these outcomes for all residents, the CAB has identified four additional areas of focus that members plan to explore using a more comprehensive approach. The focus areas are:

- 1) [Population health](#),
- 2) [Behavioral health](#),
- 3) [Health equity](#), and
- 4) Workforce.

These issues are just the start and as new issues or concerns are identified, consumer input will be sought to inform the healthcare innovation process.

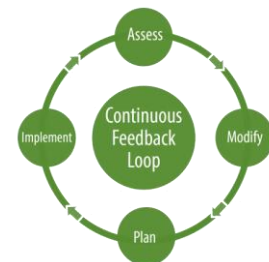
The inclusion of key [stakeholders](#) in the CT SIM has been a defining principle since the start of planning. Stakeholders include healthcare providers, government agencies, employers, consumers and payers. Consumer representatives will continue to inform the process through their roles within the CT SIM governance structure and in concert with the CT State Agency leads responsible

for implementation of the CT SIM. To ensure that positive health outcomes result from CT SIM innovations, as defined above, key stakeholders from the broader community will need to continue to be involved in the process.

## II. Goals

The overall goal of the CAB's Consumer Engagement and Communication Framework is to support meaningful integration of consumer perspective into the SIM process, while providing outreach and education to consumers about how the planned innovations identified in the CT SIM will change their experience with the healthcare system. To achieve these broad goals the overall Engagement and Communication Framework should encompass at least four primary work streams that include:

- 1) Development of a [comprehensive multichannel engagement and communication plan](#) that encompasses both internal and external processes,
- 2) Implementation of consumer engagement and communication strategies for sharing, collecting, and disseminating information within the existing SIM governance structure and consumer populations(s) statewide, and
- 3) Establishment of a Continuous Feedback Loop to plan, implement, assess, and modify current strategies in the areas of CT SIM reform, consumer engagement, and related outcomes.
- 4) Creation of outreach strategies that include everyone and every community in this process.



## III. Objectives

To achieve the overall goals of the CAB's Consumer Engagement and Communication Framework the following objectives have been identified:

- 1) The multichannel engagement and communication plan will incorporate in-person and web-based strategies

### Web-Based

[Web-based meeting platform](#) to coordinate consumer activities across the CT SIM  
 Governance structure (e.g., monthly meetings)  
[Social media](#) to engage a broad audience (e.g., Twitter, Facebook, Instagram)  
[Interactive Information Portal](#) to be used by and for consumers, consumer representatives, providers, and general public for all communications, including disseminating information and collecting feedback on all consumer activities across SIM.

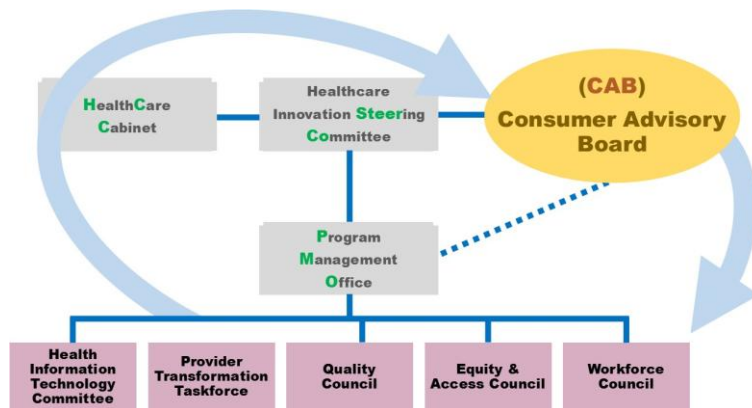
### In-Person



[Community Conversations](#) to explore challenges and solutions related to the four priority areas identified by the CAB.  
[Listening Forums](#) to receive feedback from consumers on various topics related to the CT SIM innovations and outcomes.  
[Educational Forums](#) to provide information on implementation of SIM in populations of special interest and addressing health inequities caused by [social determinants of health](#).  
[Focus Groups](#) with targeted consumer groups on specific topics to evaluate whether SIM strategies are leading to positive health outcomes, identifying gaps and barriers, along with identifying inequities between populations.

- 2) Coordinate communication and activities between consumer representatives across the CT SIM Governance Workgroups.

- 3) Review and revise informational material developed by CT SIM Program Management Office (PMO) prior to distribution or publication to ensure that information is linguistically and culturally relevant.



This means that plain

language is used, that complex terminology is simplified, and delivered in a clear and concise format. The CAB acknowledges that language and cultural differences can be barriers to successful communication and understanding of systems. Documents need to be written using language, terminology, and images that make sense to everyone – including spoken formats.

- 4) Identify, secure, and maintain partnerships with community-based organizations and cross-sector stakeholder groups to promote active participation of consumers statewide. The CAB believes that we are all in this together and wants to assure that no one is left out so that the most benefit can be realized for everyone.

#### IV. Glossary

Primary care is the care provided by a personal physician that is trained in health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. This person is typically the first contact with a consumer of health services. <http://www.aafp.org/about/policies/all/primary-care.html>

Healthcare workforce is the actual number of individuals who are providing health services, across disciplines and levels of care. <http://bhpr.hrsa.gov/healthworkforce/>.

Health information technology involves sharing health related information through electronic based platforms. <http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/healthit/>

Population health plan extends beyond the individual and incorporates health outcomes of a group of individuals. Often, population is defined by geography, but can also include another defining group characteristic. <http://www.improvingpopulationhealth.org/blog/what-is-population-health.html>

#### Medicaid quality improvement:

Quality measure alignment basically means that providers will report the same type of information to insurance companies, also known as payers, to ensure that all payers within the same system is using the same information to measure quality. Ultimately leading to a more systematic approach to insurance companies paying the same amount for similar procedures and outcomes.

Value-based Insurance Design is an approach to increasing the quality of care a consumer receives while also lowering the costs of providing care by using financial incentives to promote cost efficient services and consumer choices. <http://www.ncsl.org/research/health/value-based-insurance-design.aspx>

Health disparities can be understood as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups ([www.fccc.edu](http://www.fccc.edu))

#### Quality of care:

Care experience is the actual experience a consumer has with the services they are provided. This can include the timeliness of scheduling an appointment, the courteousness of administrative staff, and the perceived willingness of the doctor to answer questions in a way that is understandable to the consumer.

Population health Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Behavioral health refers to both mental health and addiction.

Health equity When all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'" <http://www.cdc.gov/socialdeterminants/Definitions.html>

Stakeholders can be understood as those individuals or groups that would be substantially affected by reforms to the system. The primary stakeholders in healthcare are consumers, providers, pharmaceutical firms, employers, insurance companies, and government. <https://sites.sju.edu/icb/health-care-reform-duties-and-responsibilities-of-the-stakeholders/>

Comprehensive multichannel engagement and communication plan is an approach to sharing and receiving information through a variety of strategies that is tailored to the target audience.

Interactive information portal is located on the internet as a webpage that brings information together and makes it accessible to multiple groups and individuals.

[https://en.wikipedia.org/wiki/Web\\_portal](https://en.wikipedia.org/wiki/Web_portal)

#### Community conversation is:

Social determinants of health are the conditions in which people are born, grow, work, live, and age. Social determinants of health also include the wider set of forces and systems shaping the conditions of daily life. Examples of social determinants of health are access to health services, safe housing, food, education and employment. [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)  
Linguistically and culturally relevant

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This document was developed through the SIM Consumer Advisory Board Objectives and Goals for Consumer Engagement and Communication Writing Group. Members of the group included Jeffrey Beadle, Pat Checko, Michaela I. Fissel, Theanvy Kuoch, Kevin Galvin , and Fernando Morales.